



LEONE EQUESTRIANS INC. *One horse per entry form please*
Aug 26-27, 2017

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Horse Name						Age	Color	Sex	Height	
Trainer		Address			City/St		ZIP		Date of Birth	
Home # ()		Barn # ()		Email		Barn Name				
Owner		Address			City/St		ZIP		Date of Birth	
Home # ()		E-Mail								
Rider A		Address			City/St		ZIP		Date of Birth	
Home # ()		E-Mail								
Rider B		Address			City/St		ZIP		Date of Birth	
Home # ()		E-Mail								
Classes for Rider A										
Classes for Rider B										

RIDERS NUMBERS WILL NOT BE RELEASED WITHOUT AN OPEN CHECK ON FILE IN THE HORSE SHOW OFFICE ---- MAKE CHECKS PAYABLE TO LEONE EQUESTRIANS

I, the undersigned, assume full risk and responsibility and agree to indemnify and save harmless LEONE EQUESTRIANS, INC and SAHJA, it's owners, employees, agents, and director's thereof, all and singular from and against any and all liability for injury, loss, costs or expenses or any claims thereof of whatever nature arising or to arise for or on account, or by reason of the entry or entries hereby made by or for myself, person(s) handling or riding my entry, my family or guests.

I hereby represent that entry/entries made on behalf of exhibitors under the age of 18, that I am one of the parents or a duly appointed legal guardian, and as such am entitled to make this entry for or on behalf of such minor exhibitor.

 Signature of Rider A (Must be 18 or over, otherwise signature of Parent/Guardian) Rider's Age

 Signature of Rider B (Must be 18 or over, otherwise signature of Parent/Guardian) Rider's Age

MUST BE 18 OR OVER TO SIGN!!! MINORS MUST HAVE PARENT/GUARDIAN SIGNATURE PRIOR TO RELEASE OF ENTRY NUMBER.

Entry Fees

Classes Entries _____
 Stalls # ___ @ \$100 _____
(with payment by Aug 18)
 Stalls # ___ @ \$115 _____
(with payment after Aug 19-25)
 Drug Fee **\$5**
 SAHJA Fee **\$2**
 Fri Schooling @ \$25 _____
 RV's @ \$25/day _____
 Other _____
 Paid: Cash _____
 Ck# _____
 Balance Due _____

Stall reservations must be received by Friday, August 18th, after the 19th stalls are "as available" with an increase in price. Mail to: Anne Polli, PO Box 681, Wilton, CA 95693

NOW ACCEPTING CREDIT CARDS

Name on card _____
 Card number _____
 Expiration date _____
 Signature _____

FOR OFFICE USE